



PATENT
Attorney Docket No. SNS-009B

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|---------------|--|------------|---------------------|
| APPLICANT(S): | Jennings et al. | BATCH NO.: | Not Yet Assigned |
| SERIAL NO.: | 10/017,148 | GROUP NO.: | 2671 |
| FILING DATE: | December 14, 2001 | EXAMINER: | Not Yet Assigned |
| TITLE: | Systems and Methods for Three-Dimensional Modeling | | |

Commissioner for Patents
Washington, D.C. 20231

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TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Attached please find:

- (a) the formal drawing(s) for this application - Number of Sheets - 10.

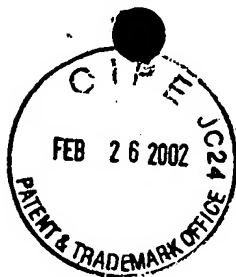
Date: February 14, 2002
Reg. No. 42,897

Tel. No.: (617) 248-7695
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2284247_1

Respectfully submitted,

Joseph B. Milstein
Atty/Agent for Applicant(s)
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Boston, Massachusetts 02110



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APPLICANT(S): Jennings et al.

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SERIAL NO.: 10/017,148

GROUP NO.:

2617

Technology Center 2600

FILING DATE: December 14, 2001

EXAMINER:

Not Yet Assigned

TITLE: Systems and Methods for Three-Dimensional

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 14th day of February, 2002.

Sharon Shaw

Commissioner for Patents
Washington, D.C. 20231

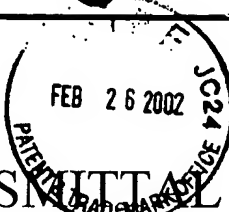
Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Formal Drawings Transmittal (1 page);
3. Formal Drawings (10 sheets); and
4. A return-receipt postcard.

2284265_1

TRANSMITTAL FORM



COPY OF PAPERS
ORIGINALLY FILED

| | |
|---------------------------|-------------------|
| Application Serial Number | 10/017,148 |
| Filing Date | December 14, 2001 |
| First Named Inventor | Jennings |
| Group Art Unit | 2671 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket No. | SNS-009B |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

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ENCLOSURES (check all that apply)

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|---|--|--|
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